

June 10, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-0976-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Certified in Chiropractic Medicine.

**Brief Clinical History:**

This male claimant sustained an injury to the lumbar spine and left shoulder on \_\_\_\_ in a work-related accident. Electrodiagnostic testing on 06/06/02 is suggestive of a right L-5 level nerve root dysfunction. MRI of the lumbar spine on 06/26/02 revealed a 3 mm protrusion of the fourth intervertebral disc into the neural canal, slightly effacing the anterior surface of the thecal sac, a 4-5 mm focal protrusion of the fifth intervertebral disc into the neural canal with slight/moderate effacing of the anterior surface of the thecal sac depressing the right L5-S1 nerve root. Thoracic myelogram on 09/11/02 indicated 5 mm right lateralizing chronic protrusions present at levels T9-10 and T10-11, with encroachment noted, a 3 mm right paracentral protrusion at C6-7, and circumferential protrusion at L2-3.

The patient completed a variety of treatments that included: chiropractic, physical therapy, passive modalities, medications, ESI's/injection series, and manipulation under anesthesia (MUA). An FCE on 01/17/03 showed the patient had a sedentary work capacity. Psychological evaluation on 01/20/03 indicated deficits in coping skills, and possible depression/anxiety issues. A course of chronic pain management was recommended.

**Disputed Services:**

A 30 session chronic pain management program.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that 20 sessions of a chronic pain management program are medically necessary. Ten (10) sessions of a chronic pain management program are not medically necessary in this case.

Rationale for Decision:

Medical data forwarded for this review shows and FCE on 01/17/03 that indicated the patient was functioning in a sedentary work capacity. A psychological evaluation on 01/20/03 showed a deficit in coping skills and a continued depressive component in the patient's condition. The patient has failed chiropractic care, physical therapy, passive modalities, medications, injections, and manipulation under anesthesia. At this point, it is appropriate and medically necessary to transition the patient into a higher, multi-disciplinary treatment algorithm with a behavioral focus.

The initial request for 30 sessions of chronic pain management is excessive and not supported by the data presented for the review. A course of 20 sessions will allow an accurate judgment on the effectiveness of the applied therapeutics.

Clinical Data:

- *Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach.* J. Back Musculoskeletal Rehabil., 1999, Jan 1, 13: 47-58.
- *Unrelenting Low Back Pain, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialists.* North American Spine Society; 2000, 96 p.
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice.* Washington State Chiropractic Association; 2001, 54 p.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 10, 2003.

Sincerely,